



# APPLICATION FOR EMPLOYMENT

**PRAIRIE MANOR NURSING HOME ... "the home that prayer built"**  
**P.O. BOX 500, PINE PRAIRIE, LA. 70576**  
**PHONE: 337-599-2031 – FAX 337-599-3277**  
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE RECRUIT, HIRE, TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW.

**IMPORTANT NOTICE**

*It is a crime in Louisiana to knowingly and intentionally provide false information on this employment application or to provide false oral statements during employment interviews in order to obtain employment as a caretaker at this facility, if the false information is relevant to the caretaking obligation. La R.S. 14:126.3.*

**PLEASE PRINT ALL REQUESTED INFORMATION**

DATE: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU APPLYING FOR  
 FULL TIME  PARTTIME  REGULAR  TEMPORARY  SUMMER EMPLOYMENT

IF SEEKING PART TIME WORK, SPECIFY THE NUMBER OF DAYS PER WEEK: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER  
□ □ □ □ □ □ □ □ □ □

ADDRESS CITY STATE ZIP CODE AREA CODE TELEPHONE NO.  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING?  YES  NO  
ARE YOU 18 OR OLDER  YES  NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY  
 YES  NO  
IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?  YES  NO  
A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?  
 YES  NO WHEN: \_\_\_\_\_

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY?  
 YES  NO NAME: \_\_\_\_\_

HOW WERE YOU REFERRED?  
 NEWSPAPER AD  FRIEND/RELATIVE  
 EMPLOYEE REFERRAL  REHIRE  
 CAREER DAY  OTHER \_\_\_\_\_  
 JOB FAIR

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE?  
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION?  YES  NO  
IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)

\_\_\_\_\_  
Employee Signature Supervisor Signature

## Part Time Acknowledgment

HOW SOON ARE YOU AVAILABLE TO BEGIN EMPLOYMENT?

SHIFT PREFERENCE (CHECK ONE) <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	IF PREFERRED SHIFT IS UNAVAILABLE? WILL YOU WORK? YES NO <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	IF REQUIRED WILL YOU WORK? YES NO <input type="checkbox"/> SATURDAYS <input type="checkbox"/> SUNDAYS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> ROTATING SHIFTS
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FOR OFFICE USE ONLY EMPLOYEE NUMBER: \_\_\_\_\_  
TIME CLOCK NUMBER: \_\_\_\_\_

## EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER, LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER. NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER		POSITION HELD	DATES FROM	TO	HRS/WK.
ADDRESS		NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NO.
CITY	STATE	ZIP CODE	REASON FOR LEAVING		STARTING SALARY      ENDING SALARY
DUTIES					
NAME OF EMPLOYER		POSITION HELD	DATES FROM	TO	HRS/WK.
ADDRESS		NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NO.
CITY	STATE	ZIP CODE	REASON FOR LEAVING		STARTING SALARY      ENDING SALARY
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CITY	STATE	ZIP CODE	REASON FOR LEAVING		STARTING SALARY      ENDING SALARY
DUTIES					

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

<b>EDUCATION</b>				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA DEGREE OBTAINED
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING SHORTHAND	APPROX. WPM APPROX. WPM
LIST BUSINESS, HOSPITAL, NURSING FACILITY, MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED:			WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT COMPUTER PROGRAMS/EQUIPMENT ARE YOU FAMILIAR WITH?	
<b>PROFESSIONAL LICENSES AND/OR CERTIFICATES:</b>				
ARE YOU:      CURRENTLY: <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ELIGIBLE: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION				
<b>IF LICENSED, REGISTERED OR CERTIFIED:</b>				
TYPE	NO:	STATE ISSUED	DATE ISSUED	EXPIRATION
<b>LANGUAGE SKILLS (OTHER THAN ENGLISH)</b>				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK: _____; WRITE: _____ AND READ: INCLUDING SIGN LANGUAGE: _____				
<b>UNITED STATES MILITARY SERVICE</b>				
If you obtained any experience of skills while in military service that relate to the job for which you are applying, please describe the nature of your duties that led to the experience.				
<b>ADDITIONAL REFERENCES</b>				
PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC, INSTITUTIONS, VOLUNTEER ORGANIZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME	ADDRESS		TELEPHONE	RELATIONSHIP
<b>ADDITIONAL INFORMATION:</b>				
Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment. Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or state law.				
_____				
_____				
_____				

**IMPORTANT STATEMENTS – READ CAREFULLY BEFORE SIGNING**

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the Company may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the Company to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of Prairie Manor Nursing Home, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either Prairie Manor Nursing Home or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Prairie Manor Nursing Home. I also understand that no representative of Prairie Manor Nursing Home, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with Prairie Manor Nursing Home.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT**

DATE OF BIRTH		MAIDEN NAME			
PERSON TO NOTIFY IN CASE OF EMERGENCY			RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE NO
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